

SUPPLEMENT TO ATTACHMENT 3.1A AND 3.1B

12d Same as 6b.

Limitations on prescription eyeglasses are as follows:

Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.

Tinted or coated lenses are excluded except for persons with aphakia, albinism, glaucoma, etc. exclusive of photophobia not associated with such conditions.

Oversize lenses are excluded.

Bilateral plano glasses covered as safety glasses for persons with one remaining eye.

Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocal. Contact lenses for cosmetic purposes and blended bifocals are excluded.

13a. Certain categories of diagnostic procedures or out-of-state procedures require prior authorization.

13d. Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

15a. Authorization by the department's medical consultant and the recommended level of care is required.

15b.

16. No more than thirty days per calendar year shall be authorized. Inpatient days not used in the authorized calendar year shall not be added to the inpatient days allowed for the following calendar year. Inpatient days available through a third party coverage shall be counted as part of the authorized number of day under medicaid.

In communities where a psychiatric facility is not readily available, emergency inpatient psychiatric service may be provided for up to forty-eight hours at the closest licensed general hospital.

17. Limited to nurse midwives sponsored by a physician.

TN No. 93-010
Supersedes
TN No. 92-08

Approval Date FEB 11 1994

Effective Date

OCT 1 1993
OCT 1 1993

SUPPLEMENT to ATTACHMENT 3.1A
and 3.1B

18. Prior to authorization is required for hospice service which is limited to two periods of 90 days each and one subsequent period of 30 days during the individual's lifetime.

Additional days of hospice care beyond the 210 days indicated above may be allowed if the personal or hospice physician recertifies the individual to be terminally ill.

- 20a. & b. Extended services to pregnant women includes all major categories of services provided for the categorically needy recipients, as long as the services are determined to be medically necessary and related to the pregnancy.
22. Prior authorization is required by the medical consultant for the provision of respiratory care services for ventilator-dependent individuals.
23. Nurse practitioner services shall be limited to the scope of practice a nurse practitioner is legally authorized to perform under State law.
- 24a. Except for emergencies, prior authorization is required for air transportation. Taxi service to obtain medical services may be authorized by the payment worker if there is not bus system, no means of transportation, etc.
- 24d. Must meet the skilled nursing level of care requested by a physician and approved by the department's medical consultant.

TN No. 94-010
Supersedes
TN No. 91-23

Approval Date 9/22/94 Effective Date 8/1/94

CASE MANAGEMENT SERVICES

A. Target Group:

Targeted case management services are provided to eligible Medicaid recipients (categorically and medically needy) who have a developmental disability or are mentally retarded. "Developmental disabilities" means a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains the age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity; self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

"Mental retardation" means significantly subaverage general intellectual functioning resulting in or associated with concurrent moderate, severe, or profound impairments in adaptive behavior and manifested during the development period.

~~Targeted case management services are provided to individuals eligible for medical assistance and for developmental disabilities/mental retardation services, provided, purchased or arranged by Developmental Disabilities Division.~~

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Recipients receiving services under the Home & Community Based Services Waiver Program are excluded.

B. Areas of State in which services will be provided:

- (x) Entire State.
- () Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide).

C. Comparability of Services:

- () Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- (x) Services are not comparable in amount, duration, and scope. Authority of section 1915(g) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

The purpose of case management is to support, coordinate, link, monitor, and review services and resources for individuals with DD/MR. Case management will assist eligible individuals under the plan in gaining access to needed medical, social, education and other services. Case management services include:

1. Service Plan Development - The development and ongoing updating and monitoring of the Individual Service Plan based upon assessment/reassessment of clients' needs with the participation of the client, parents, and legally appointed guardian, service providers, and other pertinent parties.

2. Service Coordination - Arranging for community residential, (i.e., care home, foster home, domiciliary home), habilitation, support, (i.e., respite, transportation, personal care), and protective services, (i.e., adult and child abuse), and coordination of services with other agencies who are involved with the individual, (i.e., Adult Residential Care Homes, Easter Seals Society, Association for Retarded Citizens of Hawaii, United Cerebral Palsy Association, Medical Personnel Pool for respite and personal care, Department of Human Services, Adult and Family Services Division for adult and child protective services, Vocational Rehabilitation Division, Community Long Term Care Branch, Social Security Administration, Department of Education, Family Court, Mental Health Services Systems, Office of the Public Guardian, and other public and private agencies.
3. Advocacy - Activities with the client/family and providers for the purpose of facilitating access to needed services, providing information and referral, arranging emergency services, and modifying service systems to increase accessibility and appropriateness for people with developmental disabilities.

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E. Qualification of Providers:

of the Department of Health,
Case management services will be provided under this amendment by individuals employed by the Developmental Disabilities Division or working under a personal services contract with Developmental Disabilities Division, who meet the qualifications and entrance requirements established by the Department of Personnel Administration for the title Social Worker III and IV or Registered Professional Nurse III and IV, or meet the definition of a Qualified Mental Retardation Professional as defined at 42 C.F.R. §483.430. ~~(Copies of the position descriptions for the Social Worker and Registered Professional Nurse are attached).~~ Section 4118(i) of the Omnibus Budget Reconciliation Act of 1987 was amended to allow states to limit the case managers available for eligible individuals with

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developmental disabilities to ensure that the case managers are capable of ensuring that the individuals receive the full range of services they need. The individuals identified above as providers of case management services will be aware of the services that are available for people with developmental disabilities and how to access these services.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No 90-15
Supersedes
TN No 88-23

Approved May 13, 1991 Effective 3/1/91

CASE MANAGEMENT SERVICES

A. Target Group:

Targeted case management services are provided to eligible Medicaid recipients regardless of where they are residing, which may be in community residential settings, with families, in independent apartments, or, in the case of the homeless person, with no fixed place of residence. This group would also include Medicaid recipients who have dual diagnosis of severe, disabling mental illness and substance abuse or severe, disabling mental illness and developmental disabilities.

"Severe, Disabled Mentally Ill" means a person who, as a result of a mental disorder exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with the person's capacity to remain in the community without verified supported treatment or services of a long-term or indefinite duration. This mental disability must be severe and persistent, resulting in a long-term limitation of the person's functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Target group is defined along three dimensions:

1. Diagnosis;
2. Level of disability which is likely to continue indefinitely;
3. Impaired role functioning which results in substantial functional limitations in three or more of the following areas of major life activity; self care, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and

Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or of extended duration and are individually planned and coordinated.

B. Areas of the State in which Services will be provided:

[X] Entire State

- [] Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide).

C. Comparability of Services:

- [] Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- [X] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

The purpose of case management is to support, coordinate, link, monitor, and review services and resources for individuals with severe, disabling mental illness. Case Management will assist eligible individuals under the plan in gaining access to needed medical, social, education and other services. Case management services include:

1. Individualized Service Plan Development

The development and ongoing updating, evaluation, and monitoring of the comprehensive individualized service plan based on a timely accurate assessment/reassessment of clients individualized needs. Service planning shall include active participation by client, parent(s) and/or legal appointed guardian, service providers, and other pertinent parties incorporating client's expectations and choices and agreed-upon goals.

Individual service plans shall be evaluated/reviewed for appropriateness and effectiveness of outcomes minimally once every quarter or as clinically required.

2. Service Coordination

Coordinating and arranging initial appointments for clients with service providers in order to assure access to needed service/benefits, or informing client/consumers of services, assistance availability.

3. Client Support & Advocacy

With or on behalf of the client to gain access to

needed services/benefits to effectively assure clients subsistence in a community setting. Activities to include but not be limited to:

- a. Seeking and assisting the client in applying for entitlement benefits, services, etc.;
 - b. Arranging appointments;
 - c. Establishing and maintaining communications with service providers; and
 - d. Accompanying/transporting of client to scheduled appointment to assure access and to minimize trauma to client.
 - e. Immediate intervention by case managers to refer clients who are decompensating (grossly psychotic, suicidal/homicidal ideation) and may be in need of psychiatric hospitalization/evaluation. Immediate intervention by case managers who would also include assisting the client by referral and linking to resolve immediate crisis situations that may jeopardize the client's functioning in the community (e.g., eviction, serious physical illness/injury, serious inter-personal conflicts, substance abuse episodes, medication problems, etc.).
4. Collateral Contacts
With family members and/or significant others in order to gain assistance/support and to coordinate or evaluate the implementation of service plan objectives by increasing their understanding and ability to cope with their loved one.
5. Monitoring/Follow-Up Services
Contacting client/family or significant others, either in person or by telephone to assure that clients are following prescribed services/service plan of action and monitoring the success of the plans implementation. Activities include but are not limited to:
- a. Determining that satisfactory referral connections have been established;
 - b. Contacts with service providers to assess the level of client compliance;

- c. Assuring ongoing appropriateness and effectiveness of service plan; and
- d. Identify and determine if additional services may be appropriate or required.

E. Qualification of Providers:

Case management services will be provided under this amendment by individuals employed by the Adult Mental Health Division and/or Child and Adolescent Mental Health Division of the Department of Health, or working under a personal services contract with the Adult Mental Health Division and/or Child and Adolescent Mental Health Division who meet the qualifications and entrance requirements established by the Department of Personnel Administration for the title Social Worker III and IV or Registered Professional Nurse III and IV, Case Manager I, II, and III, IV and V, or meets the definition of Qualified Mental Health Professional as defined by the Department of Health. Section 4118(i) of the Omnibus Budget Reconciliation Act of 1987 was amended to allow states to limit the case managers available for eligible individuals with chronic mental illness (severe, disabling mental illness) to ensure that the case managers are capable of ensuring that the individuals receive the full range of services they need. The individuals identified above as providers of case management services will be aware of the services that are available for people with severe, disabling mental illness and how to access these services.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services.
- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.

- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.